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FILING DATE

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(Depositor's name)					
(Signature)					
(Date)					

CONFIRMATION NO.

09/741,811	12/22/2000	Ju	les-Joseph V	an Schaffingen	20099	3086	9051
TITLE OF INVENTION: I	PROCESS FOR MANUFAC	TURING HOLLOV	V PLASTIC I	BODIES			
APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION FEE	TOTAL FE	E(S) DUE	DATE DUE
nonprovisional	NO	-\$1370- \$300 \$1670 \$1400 \$1700			03/03/2005		
EXAMINER		ART UNIT		CLASS-SUBCLASS]		
MCDOWELI	L, SUZANNE E	1732	-	264-515000	_		
Change of correspondence FR 1.363).	ce address or indication of "F	ee Address" (37	-	ating on the patent front page, I		1	OBLON, SPIVAK,
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer			 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 		•	2	McCLELLAND, MAIER
					a member a nes of up to f no name is	3	& NEUSTADT, P.C.

FIRST NAMED INVENTOR

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Number is required.

APPLICATION NO.

SOLVAY (Societe Anonyme)

(B) RESIDENCE: (CITY and STATE OR COUNTRY 27/2004 CNGUYEN1 00000058 09741811 Brussels, BELGIUM

2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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lease check the appropriate assignee category or categories (will	not be printed on the patent):
a. The following fee(s) are enclosed:	4b. Payment of Fee(s):
X Issue Fee	A check in the amount of the fee(s) is enclosed.
Publication Fee (No small entity discount permitted)	Payment by credit card. Form PTO-2038 is attached.
Advance Order - # of Copies	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 15-0030 (enclose an extra copy of this form).

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Authorized Signature Joseph Scafetta. Typed or printed name

DEC 2 3 2004 Date Reg. No. 26,803 Registration No.

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